

jc971 U.S. PTO
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PTO/SB/50 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
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10/005483
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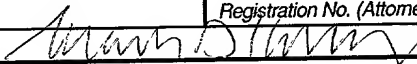
REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	125.003USR1
	First Named Inventor	James Leroy Snell
	Original Patent Number	5,982,807
	Original Patent Issue Date (Month/Day/Year)	11/9/99
	Express Mail Label No.	EL823842726US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO- <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> Power of Attorney	14. Other: Application for Reissue Under 37 CFR 1.171 Communication

15. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27073		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Mark D. Kelly				
Address	Fogg Slifer & Polglaze, P.A. P.O. Box 581009				
City	Minneapolis	State	MN	Zip Code	55458-1009
Country	USA	Telephone	612-312-2209	Fax	612-312-2250

Name (Print/Type)	Mark D. Kelly	Registration No. (Attorney/Agent)	39,467
Signature		Date	November 9, 2001

12-7-01

REISSUE

11/09/01
jc812 U.S. PTO

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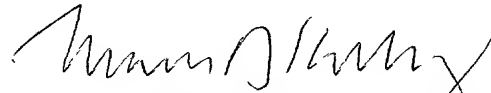
REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (optional) 125.003USR1		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 61	Total Claims (37 CFR 1.16(j))	(B) 122	*** 61	= x \$	=	x \$ 18	= 1,098	
(C) 6	Independent claims (37 CFR 1.16(j))	(D) 12	* 6	= x \$	=	x \$ 84	= 504	
				Basic Fee (37 CFR 1.16(h))		\$	740.00	
				Total Filing Fee		\$	2,342.00	
OR								
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$	=	x \$	=
Independent claims 37 CFR 1.16(j))	***	MINUS	*****	=	x \$	=	x \$	=
					Total Additional Fee		\$	
					OR		\$	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- *** After any cancellation of claims.
- **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).
- ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.
- ☐ Payment by credit card Form PTO-2038 is attached.

FILING FEE IS DEFERRED

November 9, 2001
Date



Signature of Applicant, Attorney, or Agent of Record

Mark D. Kelly / Reg. No. 39,467
Typed or printed name

PATENT
Attorney Docket No. 125.003US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
James Leroy Snell

Group Art Unit: Not Assigned

Patent No.: 5,982,807
Issued: November 9, 1999
For: HIGH DATA RATE SPREAD
SPECTRUM TRANSCEIVER
AND ASSOCIATED METHODS

Examiner: Not Assigned

APPLICATION FOR REISSUE UNDER 37 CFR 1.171

Commissioner for Patents
BOX REISSUE
Washington, DC 20231

Dear Sir:

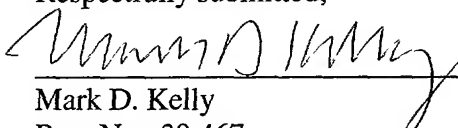
Enclosed is an application for reissue of U.S. Patent No. 5,982,807, entitled HIGH DATA RATE SPREAD SPECTRUM TRANSCEIVER AND ASSOCIATE METHODS granted to James Leroy Snell on November 9, 1999, which includes the following:

1. Reissue Application (8 pages including the specification, claims, and abstract);
2. 8 Sheets of Drawings;
3. Reissue Application Transmittal (1 p.);
4. Preliminary Amendment (13 pp.); and
5. Reissue Declaration (2 pp.).

Applicant intends to broaden the scope of the claims of U.S. Patent No. 5,982,807 by the claims presented in this reissue application.

Respectfully submitted,

Date: 11-9-01


Mark D. Kelly
Reg. No. 39,467

Attorneys for Applicant
Fogg Slifer & Polglaze, PA
P.O. Box 581009
Minneapolis, MN 55458-1009
T - 612/312-2200
F - 612/312-2250

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